



PATIENT

Charlie Greene

SPECIES

Canine

BREED

Bichon

SEX

FS

AGE

1 year

WEIGHT

12.11 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Milwicki

INVOICE

17240

DATE

7/14/23

PRESENTING CLINICAL SIGNS

Gastroenteritis, poor appetite
Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio with mildly indistinct corticomedullary border demarcation was noted in both kidneys. No evidence of pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.36 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.37 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with mildly prominent, intermittent rugal folds. The stomach contained a mild amount of retained anechoic fluid without evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with minor segmental nonobstructive intestinal ileus.

Normal visible colon wall layers were present with segmental formed to soft fecal matter.



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Pancreas

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The pancreas base and right pancreatic limb exhibited mild prominent size with irregular to indistinct capsule symmetry. Heterogeneous parenchyma compared to adjacent minor reactive peripancreatic omentum in the area of the pancreas base and right pancreatic limb was present

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Free Abdomen

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Intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.0 cm x 0.5 cm. No evidence of peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

1 year

- Nonspecific gastroenteritis pattern with minor gastric and segmental intestinal hypomotility - dietary intolerance / food hypersensitivity, dysbiosis, emerging inflammatory bowel or other inflammatory gastroenteropathy, occult parasitism, or other

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- Formed to soft fecal matter in colon
- Mildly prominent heterogenous pancreas base / right pancreatic limb with minor reactive peripancreatic omentum - potential concurrent low-grade / mild pancreatitis

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Secondary Findings

- Subjective mild indistinct bilateral renal corticomedullary border demarcation - nonspecific, potential patient variant

IMAGING PERFORMED BY

Jessica Miller

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas base and right pancreatic limb, which may correlate with low-grade to mild pancreatitis, is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as a resting cortisol level to assess for occult disease, is suggested.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long-term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. Correlation with pending lab work is recommended.

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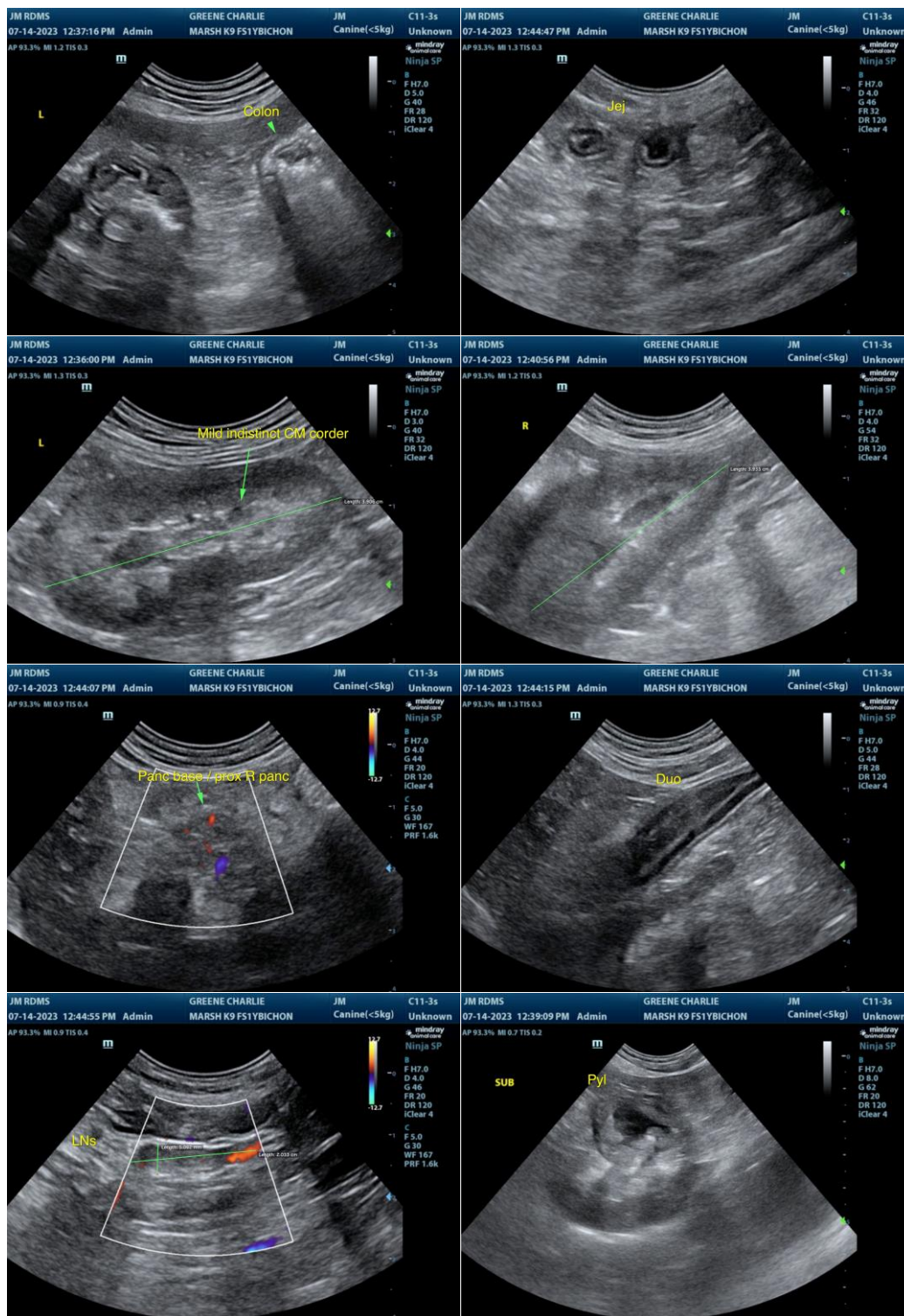
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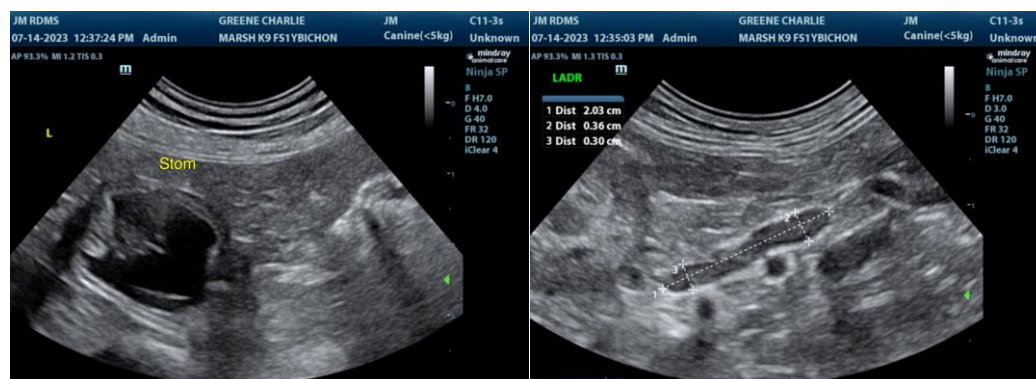
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com